and Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

09/659125

Claims as filed - Part I							SMALL ENTITY			OTHER THAN		
(Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA					TYPE		OR					
-	'n	INUIVIDE	IN FILED	INOMBER	ATINA	RATE	FEE		RATE	FEE		
BASIC FEE					345.00	OR		690.00				
TOTAL CLAIMS						X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS 3 = * 0								OR	X78=	_		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT	+130=		OR	+260=					
* If the difference in column 1 is less than zero, enter "0" in column 2								OR	TOTAL	690		
	CI	LAIMS AS A (Column 1)	MENDED	SMALL	ENTITY	OR	OTHER SMALL	ll ll				
		(Column 3)		ADDI-	1		ADDI-					
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE		
	Total	. 18	Minus	" DO	=	X\$ 9=		OR	X\$18=			
	Independent	. 05	Minus	*** 3	= 0	X39=		OR	X+78€	10		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT CLAIM		+130=		0.0	+260=			
								OR	TOTAL			
				TOTAL ADDIT. FEE		OR	ADDIT. FEE	19				
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total		Minus	· 20	=	X\$ 9=		OR	X\$18=			
	Independent	. 10	Minus	*** ×S_	= ')'	X39=		OR	×78€	86		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
	. 1					+130=		OR	+260=			
	Sandaman	•				TOTAL ADDIT. FEE		OR.	TOTAL ADDIT. FEE			
	*	(Column 1)		(Column 2)	(Column 3)					·		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=			
	Independent	*	Minus	****	=	X39=		OR	X78=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 			
	lf the entire in ection	mn 1 io lose than t	no ontre in och	+130=		OR	+260=					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/059/25

FORM OIPE-RAM-01 (Rev. 12/97)

Total Fee Calculation

₩	Fee Code	Total # Claims	Number Exten	<u>X</u> .	For	Fee	- Total
	Sm./Lg				Sim. Entity	Lg Entiry	
Basic Filing Fee	201/101	•			345	690	690
Total Claims >20	203 103	10 -20-	0	X	9	13	• •
Independent Claums >3	202/102	3-3-	0	X.	39	18	,
Mult. Dep Claim Present	204.104				<u> 130</u>	260	
Surcharge	205/105				65	130	. 130
English Translation	139						
TOTAL FEE CALCULA	TION						820
Fees due upon filing ti	ne application.						
Total Filing Fees Due	= 5	820					
Less Filing Fees Subm	ined - S						-
BALANCE DUE	= 5	De					
Office of Initial Patent	Examination						
		Ligi	ire 7				